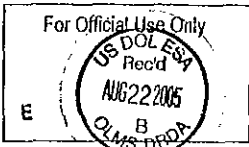


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. File Number U - <u>15070</u>                                                                                                                                                                                 | 2. Fiscal Year Covered From:<br><u>1/1/04</u> Through: <u>12/31/04</u>                                                                                                                                                                                                                                                                          |
| 3. Name and address of person filing.<br>Name <u>William J. Novak</u><br>P.O. Box, Bldg., Room No., if any<br>Street <u>5619 S. Newland</u><br>City <u>Chicago</u><br>State <u>IL</u> ZIP Code + 4 <u>60638</u> | 4. Name, file number, and address of labor organization.<br>Name <u>United Union Painters, Watergraders and Allied Workers</u><br>Labor Organization File Number <u>018962</u><br>P.O. Box, Building and Room Number, if any<br>Street <u>9838 W. Roosevelt Rd.</u><br>City <u>Westchester, IL</u> <u>60154</u><br>State <u>IL</u> ZIP Code + 4 |
| 5. Position in labor organization.                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                 |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|                                                                                                                                                                                                                                          |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |                                                                      |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4                                                              | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William J. Novak On 8/12/05 773 586 3161  
Date Telephone Number

|                       |                |
|-----------------------|----------------|
| Name of Person Filing | File Number U- |
|-----------------------|----------------|

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

|                                                                                                                                                                                                                                                      |                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8. Name and address of Business (including trade name, if any).</b><br><br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____ | <b>9. Business deals with:</b><br><br><input type="checkbox"/> a. Labor Organization<br><br><input type="checkbox"/> b. Trust<br><br><input type="checkbox"/> c. Employer |
| <b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b><br><br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____   | <b>11.a. Nature of such dealing.</b><br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                                      |
|                                                                                                                                                                                                                                                      | <b>11.b. Approximate dollar value of such dealing.</b><br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div>                                     |
|                                                                                                                                                                                                                                                      | <b>12.a. Nature of interest held or income received.</b><br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                  |
|                                                                                                                                                                                                                                                      | <b>12.b. Amount.</b><br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div>                                                                       |

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

|                                                                                                                                                                                                                                                                                       |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b><br><br>Name _____<br><br>Trade Name, if any: _____<br><br>P.O. Box, Bldg., Room No., if any _____<br><br>Street _____<br><br>City _____<br><br>State _____ ZIP Code + 4 _____ | <b>14.a. Nature of payment.</b><br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?                                                                                                                                                                     | <b>14.b. Amount of payment.</b><br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div>  |

Dear Sir,

I was unaware of the required reports and filing of the LM-30 form for the period of January 1, 2004 through December 31, 2004 as well as prior to that time.

Unfortunately I do not have accurate records but have attempted to record financial transactions that may be considered reportable.

The following information represents my best efforts to estimate all possible information that is needed for this report.



Sincerely,

A handwritten signature in cursive script, appearing to read "William J. Novak".

William J. Novak